

REPORT OF CHANGE

For the
MonthCalendar
Year

KANSAS DEPARTMENT OF AGRICULTURE
RECORDS CENTER - PESTICIDE
 109 SW NINTH STREET, TOPEKA, KS 66612
 Phone (785) 296-2263, Fax (785) 296-6418
 E-Mail: records@kda.state.ks.us
 Website: <http://www.kda.gov>

A. BUSINESS NAME: Provide the complete licensed, registered, or certified business name for which you are reporting change(s):

Name

B. LICENSE, REGISTRATION, OR CERTIFICATION NUMBER: Provide the license, registration, or certification number for which you are reporting change(s):

Pesticide Business License No.

Government Agency Registration No.

Commercial Pesticide Applicator Certification No.

C. TAX IDENTIFICATION NUMBER: Provide the valid tax identification number for the license, registration, or certification number for which you are reporting change(s):

FEIN

SSN

1. NAME CHANGE: Indicate any change(s) in name in the space provided:

Business Name

Last Name

DBA

First Name

2. PRINCIPAL ADDRESS CHANGE: Indicate change in principal address in the space provided:

Address

Phone

City

County

State

Zip

Fax

E-Mail

Website

3. BUSINESS LICENSE CATEGORY(IES) ADDITION: Indicate addition to BUSINESS license category(ies) in the space provided:

1 - Agricultural Pest Control
2 - Forest Pest Control
3 - Ornamental, Turf Pest Control and Interior Landscape
4 - Seed Treatment

5 - Aquatic Pest Control
6 - Right-of-Way Pest Control
7 - Industrial, Institutional, Structural, and Health-Related Pest Control

4. COMMERCIAL PESTICIDE APPLICATOR CERTIFICATION CATEGORY(IES) ADDITION: NOTE: To add a new category to an existing Commercial Pesticide Applicator Certification, submit separate form KPL-300 entitled "Commercial Pesticide Applicator Certification Application".

5. OTHER PESTICIDE BUSINESS LOCATION CHANGE: To add or remove a location/address other than the principal business address indicated in Section #4 from which Kansas customers are served, provide the following information. When adding location/address, provide effective date. When removing location/address, provide remove date:

Eff Date	Remove Date	Location Name	DBA Name	Owner/Operator	Address	City, State, Zip	Phone

PLEASE DO NOT WRITE BELOW THIS LINE (for Kansas Department of Agriculture use only)

Fee	Code	Transaction No	Receipt Date	Check No	PBL #	Categories	Entry	Eff Date	Exp Date	Initials	Process Date
	BL										
	UA										

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6. OWNER, PARTNER, OFFICER, OR PESTICIDE APPLICATOR CHANGE: To report a change in an owner, partner or officer (O), certified commercial pesticide applicator (C), uncertified pesticide applicator (U), or registered pest control technician (R), provide the following information and circle the correct staff code. NOTE: To add a new Pest Control Technician, use separate form KPL-700 entitled "Pest Control Technician Registration Application". Please ensure correct social security number and birthdate are provided for each owner, partner or officer and each applicator.

When adding, provide employ date. When removing, provide termination date:

Employ Date	Term Date	Staff Code	Cert/Reg #	SSN	Birth Date	Name (Last, First, Middle)	Home Address (Street, City, State, Zip)	Phone
		O C U R						
		O C U R						
		O C U R						
		O C U R						
		O C U R						

7. AIRCRAFT CHANGE: Each pesticide business licensed in category 1 which uses aircraft to apply pesticides shall identify each aircraft with a decal furnished by the Kansas Department of Agriculture. Decal(s) will not be issued until all licensing requirements are met. Decals are not transferable. To add or remove aircraft equipment, provide the following information:

Aircraft Information						Picloram Endorsement
Eff Date	Remove Date	Decal Number	FAA Number	Make	Model	
						YES NO
						YES NO
						YES NO

8. FEES: If adding NEW UNCERTIFIED APPLICATOR(S), submit fees with this form. The uncertified applicator fee is \$15.00 per uncertified applicator. If adding an additional category the fee is \$140.00.

SIGNED

DATE SIGNED

TYPED OR PRINTED NAME OF SIGNER

TITLE